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August 12, 2011

TO: Each Supervisor

FROM: Mitchell H. Katz, M.D. 
Director

SUBJECT: **CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) DOUBLE COMPUTERIZED TOMOGRAPHY (CT) SCAN STUDY**

On June 21, 2011, your Board instructed the Director of Health Services to assess the current clinical practices in the County's health system related to chest CT scans performed twice in one day, and report back in 45 days on the findings and any necessary corrective actions being taken.

The Department of Health Services (DHS) has assessed the current clinical practices for performing combined (i.e., with and without contrast) thorax (i.e., chest) CT studies in the County's health system. Our analysis was conducted in a manner consistent with the National Quality Forum Description (NQF #0513) which we believe was used to generate the CMS data referenced in the June 21, 2011 motion.

We performed a query of all thorax CT scans in Fiscal Year 2009-10 at DHS facilities. This data is presented for all patients in Table 1, below. The column on the far right indicates the proportion of patients that received the combination (with and without contrast) thorax CT scan as a percentage of the total number of thorax CT scans.

Table 1. Chest CT Scans. All patients.

Facility Name	CT without contrast	CT with contrast	CT with and without contrast	Total CT scans	% with and without contrast
Harbor/UCLA MC	109	2,624	7	2,740	0.3%
High Desert MACC	96	16		112	0.0%
LAC+USC MC	1,073	1,772	110	2,955	3.7%
Olive View/UCLA MC	950	1,846	198	2,994	6.6%
Rancho Los Amigos NRC	14	21	1	36	2.8%
TOTAL	2,242	6,279	316	8,837	3.6%

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These data indicate an overall rate of combined CT scans of 3.6% for all patients for this period, and the specific facility rates as noted in the table. These percentages are lower than those represented in the 2008 CMS data referenced in the motion, as listed below.

Harbor: 3.8%
LAC-USC: 6.0%
OVMC: 12.2%
Rancho: 12.5%

We have not replicated the CMS data from 2008, and therefore cannot definitively say whether the difference between that data and our own analysis above represents a change in clinical practice or a difference in data analysis. However, DHS recognizes the potential patient risks and cost of unnecessarily performing two chest CT scans on the same day, and we believe our clinical practices are consistent with appropriate standards of care. It should be noted that on occasion such double testing is clinically indicated, and there is no consensus on what rate would be optimal. The patient's radiologist is best positioned to determine when a combination thorax CT will benefit the patient.

We will continue to monitor clinical practice in this area and are implementing the following two actions to ensure unnecessary procedures are not taking place.

1. Establish a DHS-wide policy that the relevant radiologist at each facility will make the determination of when a combination thorax CT should be performed.
2. DHS Quality Management will perform an audit for the combination thorax CT rates at DHS facilities as soon as the Fiscal Year 2010-11 data is available to ensure that such rates are continuing to trend down.

If you need any additional information on this matter, please contact me or Dr. Hal Yee, DHS Chief Medical Officer, at 213-240-7989.

HY:vlr